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The Accident Report Case number is !J902i6067M note phone caller unknown.

REPORTING AGENCY: DETROIT POUCE DEPARTMENT
CASE REPORT NUMBER; !J9052i60657M
PRECINCT: DISTRICT 2/SOUTHWEST PHONE LUNKNONE

When the Officer approached me I was sitting in my vehicle. Note that the Officer stated that I was standing in the parking lot when he came.

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I told the Officer that I knew that a report should be made because I was a Retired Detroit Officer and that I knew what the procedure was. He asked me about my I.D. I showed him my Retired Badge. He asked me about my Police I.D. I showed it to him. He walked back to his vehicle. He called somebody. He came back to my vehicle. He asked where the pain was. I told him to touch my back and I told him where the pain was. He told me that the bumper was not that high up. I told him that the left rear corner of the SUV hit me and I felt the pain in the back. He walked over to the SUV and examined it. He ran his fingers across the rear left light and stated that there was dust on the corner of the vehicle.

The Officer told me that he was going to make a Chrisnet report. He refused to give me, information concerning, the driver, her vehicle nor the witness information. He did not want to give me his name or badge number. He told me that I could get a copy of the Chrisnet report from the old Second Precinct the next day.

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The City Of Detroit is under the Consent Decree. The Departmental Procedures were not followed. The Officer was Officious and very biased. He did not want to make the report. He made the report after I showed him my retired police badge and I.D.

I have been in continuous contact with the Detroit Police Commissioners' Board about

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I'm a Retired Police Officer and I fight for the rights and safety of our Citizens, who live in our city as well as our state. On a regular basis, I bring issues to your Commissioners' Board attention, to find peaceful legal resolutions, to sometimes horrific situations. I am a grassroots worker. The majority of the work that I do is for the indigent people, who can't afford the type of services that I do. I have never received any money from any agency nor loan company. I use my pension money as well as money from law suit cases that I have done in the past. I do not owe the in Internal Revenue <u>anything</u>. Since my accident, I used my annuity money to assist with my expenses and health care. My Insurance Company, State Farm refuse to pay for my medical bills based on the officer's statement.

As a member of ALPACT and a fighter for justice for all, I believe that there should be police accountability in our State. Police Officers are the pillars of our state. They should represent good role models for the future generation.

Respectfully yours

Tijuana Morris

Fight for Your Right's Investigation's Inc

220 Bagley Sre. 809 Detroit Michigan 48226 313-208-8323 mst324 Favydyna com



October 07, 2012

Consent Decree Federal Monitor Robert Warshaw

Email: rohtopcop@aol.com

RE:

Resolution of Complaint Sec. 7-1109, concerning the complaint filed on May 28, 2009, (complaint # 44337,BPC09-629), at the Commissioner Board meeting, concerning Traffic Officer Fitzgerald Harris badge #1440 S/8 a pedestrian/vehicle accident report in the parking lot of a CVS Store (13580 Grand River).

Mr. Warshaw,

My name is Tijuana Morris, I'm a licensed investigator, as well as a Retired Detroit Police Officer. This complaint, (complaint # 44337, BPC09-629), should have been investigated thoroughly in a timely manner. The above situation has been an ongoing problem with filing a citizen's complaint. On April 19, 2012, Celia Washington, appointed Attorney for the Detroit Police Commissioners' Board, recommended that I file the above solution. I hand delivered the document to her on April 26. This situation has not been resolved. There has been no corrective action taken to make sure that the paid responsible Investigator/Attorney, do the work, in compliance with the Consent Agreement. Attorney Washington has not contacted me concerning this situation in a timely manor.

The last time I addressed the issue, in July 2012 at a Commissioner's Board meeting. Ms Washington informed me that they could arrange a meeting within the week. I told her that I would be having surgery and unavailable. The thirty day window frame, according to the new City Charter, had already past. I don't have faith that the Board would be impartial.

Attorney Celia Banks Washington contacted me on face book in August of this year, stating that this was the only way that she could contact me. This was not true, because she has my documents with my letter head, which has all of my contact information on it. She has my home address as well. I use to attend the Board meetings on a regular basis, until the accident in 2009. The Detroit Police Department check and balance system, procedures are not adhered to properly when complaints are filed against some police officers.

After I filed the complaint on the officer, I was contacted by Antonio Jones, on May 29, 2009. He informed me that their office was working on my complaint. I never heard from the O.I.C. anymore. On several occasions I've asked about the update, but never got a response. I

am still in the process of therapy and negotiation. My attorney explained to me that the Insurance Company is using the officer's testimony and deposition against me.

In December in 2011, I addressed the Commissioner board about the situation. I talked to Assistant Chief Ainsley Cromwell. Around December 26, 2011, he checked his files and told me that there was no complaint filed for me. I told him that Investigator Antonio Jones informed me that he was reviewing my complaint in 2009, but no one contacted me after that time. Investigator Cromwell informed me that Investigator Jones was retired. I located Investigator Jones, in December 2011, who stated that he did remember some parts of the case, but the case was turned over to someone else. Assistant Chief Cromwell informed me that Investigator Jones was coming back to work, and that he would be handling my case.

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Respectfully yours

Tijuana Morris

EXHIBIT

8) Appeal Court information and Court Transcript Judge's ruling (upon request if needed)

Court of Appeals, State of Michigan

ORDER

| Tiinana | Morris | ٧ | State | Farm | Mutual | Automobile | Insurance | Company |
|---------|--------|---|-------|------|--------|------------|-----------|---------|
|---------|--------|---|-------|------|--------|------------|-----------|---------|

Docket No. 321378

LC No. 10-005725-NF

William B. Murphy, Chief Judge, acting under MCR 7.203(F)(1) and MCR 7.211(E)(2), orders:

The claim of appeal is DISMISSED for lack of jurisdiction because it was not filed within 21 days after entry of the March 7, 2014, order deciding appellant's motion for a new trial. MCR 7.204(A)(1)(b). At this time, appellant may seek to appeal only by filing a delayed application for leave to appeal under MCR 7.205(G).

The motion to waive fees is GRANTED for this appeal only.

William B. Murphy

A true copy entered and certified by Jerome W. Zimmer Jr., Chief Clerk, on

MAY 0 9 2014

Date

13-53846-tjt Doc 7279-1 Filed 08/28/14 Entered 09/05/14 12:57:59 Page 11 of 30

EXHIBIT

9) Pension Annuity statements

Annuity Refund Worksheet Distribution Summary

Total (Partial)

| Participant Name 1 1 (191) | a Morri | <i>.</i> 5 | Total Partial |
|-------------------------------------|--|---|---|
| Pretax Contributions | | Posttax | Contributions |
| rietax Contributions | interest | Pre-1982 | |
| Prior Year | Prior Year | Prior Year | Martine |
| Current Year | Current Year | Current Year | |
| Total Pretax | Total Interest | Total Posttax | |
| Dellarian amazint | 92.83 | Total Nontaxable Nontaxable Rollover TOTAL DISTRIBUTION | 1,159.5b 3,35%.39 |
| F | or EDROs and D | Peath Beneficiaries | ganganhamikasaksaksaksaksaksaksaksaksaksaksaksaksa |
| Participant or First Beneficiary | Name SSN (if dif | ferent from above) | |
| Total Taxable | | Total Nontaxable | habitanians stationissymmetrymes a immanaryonsythrumomo |
| Rollover amount | | Nontaxable Rollover | |
| Withholding | demonstrative of the second of the second distribution of the second distri | TOTAL | Philosophy and an array of the first of the |
| Minor EDRO | | | |
| Alternate Payee or Second Beneficia | | | |
| | SSN | | |
| Total Taxable | | Total Nontaxable | ALEXANDEL BANKANIA (CONTRACTOR & AMERICAN CONTRACTOR) |
| Rollover amount | | Nontaxable Rollover | |
| Withholding | and the second s | TOTAL | Marie Company of the |
| Minor EDRO | | | |
| Third Beneficiary | Name | | |
| Total Taxable | | Total Nontaxable | |
| Rollover amount | | Nontaxable Rollover | |
| Withholding | | TOTAL | quitauna(va.monnee-total)terribet variables/delanine |
| Minor EDRO | | | |





POLICE AND FIRE RETIREMENT SYSTEM CITY OF DETROIT

WITHDRAWAL/DISTRIBUTION FROM DEFINED CONTRIBUTION PLAN (ANNUITY SAVINGS FUND)

| * 1) | DATE OF APPLICATION / 6 - 50/1 |
|--|---|
| EMPLOYEE NAME TIGARDA MOBBIS | SOCIAL SECURITY # |
| DATE OF BIRTH 03-30-55 | TELEPHONE (313) 208-8573 |
| TO: BOARD OF TRUSTEES OF THE RETIREMENT SYSTE | M |
| I attained or will attain eligibility for withdrawal of my (Choose one) Service Retirement Separation from Service Laid-off Death of employee (Date) | y Defined Contribution Plan (Annuity) amounts due to ∠ 20/25 Year Withdrawal Provisions Conversion from Disability EDRO (Eligible Domestic Relations Order) Quarterly Interest Withdrawal (Retired Only) |
| If Death or EDRO, please complete: | |
| RECIPIENT/BENEFICIARY NAME | SOCIAL SECURITY # |
| DATE OF BIRTHTELEPHON | RE (|
| (Initial) If partial withdrawal, write out dollar amount Contributions prior to 8-14-1982 only. (Initial) to be distributed as follows: If requesting more than pre-1982 contributions you must so a superior will be made to recommend the superior will be withheld in a requirements and regulations. I request a direct rollover of the otherwise taxable partial of the otherwise taxable portion (in Office). | Partial withdrawal of \$ |
| (Initial) which case no withholding will apply to me) | (Initial) of the otherwise taxable portion |
| of my Defined Contribution Plan distribution be forwath Agency and Account No.: Address: City, State & Zip Code: as a direct rollover/direct transfer and the balant over/transferred will be subject to the required twenty above named company have assured me that the direct of the Internal Revenue Code Plan, including a 401(k) bonus plan, and money purchase plan; a section 403(a) or an eligible section 457(b) plan maintained by a gove | ce paid to me. Any taxable portion not rolled (20%) percent withholding. Representatives of the trollover amount will be deposited in either a 401(a) plan, profit sharing plan, defined benefit plan, stock annuity plan; a section 403(b) tax-sheltered annuity |

| i de lino | ct rollover of the non-taxable | portion | i as : | follows: | CHOOSE C or D |
|--|--|--|---|---|--|
| | the otherwise non-taxable | OR | D | (Initial) | A portion totaling \$ of the otherwise non-taxable portion |
| of my Defined Co | ntribution Plan distribution b | e forwa | ardeo | i to: | |
| Address: | unt No.: | · | | | |
| City, State & Zip as a direct rollov | Code: | alance | pai | d to me. | Representatives of the above named be deposited in either an IRC 403(a) ment Annuity). |
| release the Retirement release the Retirement relative to the aforesame. I acknowledge to contribution plan amounted appropriate arradirect rollover, permiculaims relative to the document. I acknowledge | nt System and its Board of id defined contribution plan hat a 1099R will be issued ounts transferred in accordangements with the aforenanted by the Internal Revenue aforesaid defined contributed that the Retirement System to the advisor of my choice. | Truste amour i to in nce wined find Code ion platem, its | es ants udicate the the ancie and an are seen | nd the C pon the f e the ot e forego al institut applicable nounts for ployees a | on 402 of the Internal Revenue Code. If om the defined contribution plan. I hereby City-employer from any and all liability forwarding of the amounts as directed by therwise taxable portions of the defined sing direct rollover/direct transfer. I have tion to accept the transferred amount as a le regulations. I hereby waive any and all prwarded/ transferred consistent with this and representatives do not give tax advice |
| and I will consult with | atures must be notarized if | not wi | itnes | sed by a | Retirement Systems employee. |
| Signature of W | 17, AD 1.64 | <i>r</i> | (| Sign | gnature of Recipient Date SOX 23712 |
| Address of Wit | ness | • | |) E-/ Ad | Idress of Recipient (1) 48223 |
| City | State Zip | • | | City | State Zip |
| On this day of | the above | named n | nade | oath that th | he answers are true to the best of his/her knowledg |
| and belief. | | | | | My Commission expires: |
| | Nota | ry Public | 2 | | • |
| (SEAL) | County | State | - | | |
| | | t 17'\ T'T'\ T' | 17.1 | LHS SPA(| and the control of th |

DO NOT WRITE IN THIS SPACE



| Annuity Refund Worksheet | 12/16/10 |
|--------------------------|-----------------|
| Distribution Summary | |
| | Total / Partial |

| Parti | cipant Name <u>Tyua w</u> | AM | ORRIS | | | |
|--------------------------------|---|--|-----------------------|--|-------------------------------|--|
| | Pretax Contributions | 3 | Interest | The state of the s | Posttax | Contributions |
| | Prior Year | D _r - | ior Year | | Pre-1982 Prior Year | |
| | Current Year | <u> </u> | ent Year | | Current Year | |
| | Total Pretax | _ Total | Interest | | Total Posttax | |
| • | Total Taxable | 7,000. | 00 | | l Nontaxable | 0.00 |
| | Total Taxable Rollover amount Withholding | 1,400. | 00 | Nontaxa TOTAL DIST | ible Rollover | 7,000.00 |
| toricorrection and an incident | F | or EDR(| Os and I | Death Benefici | aries | etakiski ki airan zuuru eruru erur ke dineta tila aassa makka merururut kan mengapi, s.c. e |
| Partic | cipant or First Beneficiary | | Name_ SSN (if dif | ferent from abov | | |
| | Total Taxable | description description () proper | \ \ | To | otal Nontaxable | enner læge et Nickolander kallen et Nickolander kallen kallen kallen kallen kallen kallen kallen kallen kallen |
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| | _ Minor EDRO | | | | | |
| Alterr | nate Payee or Second Beneficia | • | lame SN | | | |
| | W-W4 4 4 - 44 | mining and recommendation of the company of the com | | | xable Rollover | |
| A V | _ Minor EDRO | | | | | |
| Third | Beneficiary | N Si | ame SN | | | |
| | Total Taxable Rollover amount Withholding | made and any of the page that the analysis | to Al-Milan structure | То | tal Nontaxable xable Rollover | |



_____ Minor EDRO



POLICE AND FIRE RETIREMENT SYSTEM CITY OF DETROIT

WITHDRAWAL/DISTRIBUTION FROM DEFINED CONTRIBUTION PLAN (ANNUITY SAVINGS FUND)

| | (Million F CA | DATE OF | APPLICATION 11 - 24 - 2010 | |
|---|---|---------------------------------|--|-------|
| | Mayo | | | |
| EMPLOYEE NAME TYURUR | | | SECURITY# | |
| DATE OF BIRTH 03.3 | 2-1950 | TELEPH | 10NE 313) A08-8323 | |
| TO: BOARD OF TRUSTEES OF THE R | | | | |
| (Choose one) | r withdrawal of my | | ntion Plan (Annuity) amounts due to | |
| Service Retirement | who was displayed and the high | Conversion from | ndrawal Provisions n Disability | |
| Separation from Service Laid-off | ······································ | | Domestic Relations Order) | |
| Death of employee (Date | | | st Withdrawal (Retired Only) | |
| If Death or EDRO, please complete: | ganterelization (entre france in the contract of the contract | 000-00-14-1 | SHAME COMPANY OF DESTROYOR AND | 1 |
| RECIPIENT/BENEFICIARY NAME | | soc | IAL SECURITY # | 1 |
| DATE OF BIRTH | | | | |
| | by request a withdo | rawal from my De | efined Contribution Plan account as | |
| follows: | | Partial withdrawal | of \$ 7,000.00 | |
| Total withdrawal (Initial) | (Initial) | raniai wimulawai | | |
| If partial withdrawal, write out dollar amo | unt <u>S.E./22/11 - </u> | THOUSEND | DOMARS | |
| Contributions prior to 8-1 | 4-1982 only. | ; | REC'D NOV 2 4 201 | N |
| to be distributed as follows: | | | KECO MON DI TO. | • |
| If requesting more than pre-1982 con | tributions you must | select EITHER 1, | , 2 or 2 and 3: | |
| I request that full partial taxable portion will requirements and reg | l be withheld in | me. I acknowledgaccordance with | ge that twenty (20%) percent of the applicable Internal Revenue Code | |
| 2. I request a direct rollover of the | ne otherwise taxable | portion as follows | E: CHOOSE A or B | |
| All of the otherwise taxa | - · · · · · · · · · · · · · · · · · · · | or B | A portion totaling \$ | |
| (Initial) which case no withholdi to me) | ng will apply | (Initial) | of the otherwise taxable portion | ••••• |
| of my Defined Contribution Plan | distribution be forv | varded to: | | |
| Agency and Account No.: | | | * | |
| Address: | | | | |
| City, State & Zip Code: | | | Any taxable portion not rolled | |
| as a direct rollover/direct train | nsfer and the bala | ance paid to me | Any taxable portion not rolled | |
| over/transferred will be subject to | o the required twen | ect rollover amount | withholding. Representatives of the t will be deposited in either a 401(a) | |
| of the Internal Revenue Code Pla | an, including a 401(| k) plan, profit shar | ring plan, defined benefit plan, stock | |
| bonus plan, and money purchase | plan; a section 403 | (a) annuity plan; a | section 403(b) tax-sheltered annuity | |
| or an eligible section 457(b) plan | maintained by a go | vernmental employ | yer (governmental 457 plan). | |

| 3. I request a d | | | | |
|--|--|--|--|--|
| C All | of the otherwise non-taxable | | T | A portion totaling \$ |
| *************************************** | rtion | OR | (Initial) | of the otherwise non-taxable |
| | | JL | and the second s | portion |
| • | Contribution Plan distribution b | | | |
| Address: | | | | |
| as a direct roll | ip Code: | oalance j ollover a | paid to me. amount will | Representatives of the above named be deposited in either an IRC 403(a) ment Annuity). |
| lease the Retirem | ent System and its Board of said defined contribution plan | Trustees amounts | s and the C | m the defined contribution plan. I hereby ity-employer from any and all liability orwarding of the amounts as directed by |
| ontribution plan at nade appropriate ar irect rollover, pern laims relative to the ocument. I acknow | that a 1099R will be issued mounts transferred in accordar trangements with the aforenam nitted by the Internal Revenue ac aforesaid defined contributi | to indi- nce with ed finan- Code an on plan | cate the oth the foregoin cial institution an applicable amounts for | derwise taxable portions of the defined and direct rollover/direct transfer. I have on to accept the transferred amount as a regulations. I hereby waive any and all warded/ transferred consistent with this and representatives do not give tax advice |
| ontribution plan an nade appropriate ar irect rollover, pern laims relative to the ocument. I acknown and I will consult with | that a 1099R will be issued mounts transferred in accordar rangements with the aforenamitted by the Internal Revenue a foresaid defined contributivedge that the Retirement Systith a tax advisor of my choice. | to indi- nce with ed finan- Code an on plan em, its e | cate the oth the foregoin icial institution ad applicable amounts for employees ar | ng direct rollover/direct transfer. I have on to accept the transferred amount as a regulations. I hereby waive any and all warded/ transferred consistent with this and representatives do not give tax advice Retirement Systems employee. |
| ontribution plan an nade appropriate ar irect rollover, pern laims relative to the ocument. I acknownd I will consult wi | that a 1099R will be issued mounts transferred in accordar transferred in accordar transferred by the Internal Revenue as aforesaid defined contributiveledge that the Retirement Systith a tax advisor of my choice. Instures must be notarized if the Internal Revenue as a second defined contributiveledge that the Retirement Systith a tax advisor of my choice. | to indi- nce with ed finan- Code an on plan em, its e | cate the oth the foregoin icial institution applicable amounts for employees ar | nerwise taxable portions of the defined ing direct rollover/direct transfer. I have on to accept the transferred amount as a cregulations. I hereby waive any and all warded/ transferred consistent with this and representatives do not give tax advice |
| ontribution plan are nade appropriate are irect rollover, permalaims relative to the ocument. I acknownd I will consult with the state of the state | that a 1099R will be issued mounts transferred in accordar transferred in accordar transferred by the Internal Revenue as aforesaid defined contributiveledge that the Retirement Systith a tax advisor of my choice. Instures must be notarized if the Internal Revenue as a foresaid defined contributiveledge that the Retirement Systith a tax advisor of my choice. Instructed if the Internal Revenue are a foresaid and the Retirement Systith a tax advisor of my choice. Date | to indi- nce with ed finan- Code an on plan em, its e | cate the oth the foregoin icial institution applicable amounts for employees are seed by a Figure Sign. | nerwise taxable portions of the defined ing direct rollover/direct transfer. I have on to accept the transferred amount as a cregulations. I hereby waive any and all warded/ transferred consistent with this and representatives do not give tax advice Retirement Systems employee. Retirement Systems employee. Buy 23712 Dat M. 482 ress of Recipient M. 4822-2 |
| ontribution plan are nade appropriate are irect rollover, pernolaims relative to the ocument. I acknown a law ill consult with the signature of V | that a 1099R will be issued mounts transferred in accordar transferred in accordar transferred by the Internal Revenue as aforesaid defined contributiveledge that the Retirement Systith a tax advisor of my choice. Instures must be notarized if the Internal Revenue as a foresaid defined contributiveledge that the Retirement Systith a tax advisor of my choice. Instructed if the Internal Revenue are a foresaid and the Retirement Systith a tax advisor of my choice. Date | to indi- nce with ed finan- Code an on plan em, its e | cate the oth the foregoin icial institution applicable amounts for employees are seed by a Figure Sign. | derwise taxable portions of the defined on direct rollover/direct transfer. I have on to accept the transferred amount as a cregulations. I hereby waive any and all warded/ transferred consistent with this and representatives do not give tax advice Retirement Systems employee. Retirement Systems employee. But 13713 Oct 11482 |
| ontribution plan are nade appropriate are irect rollover, permate and laims relative to the ocument. I acknow and I will consult with the Signature of Winders of Win | that a 1099R will be issued mounts transferred in accordar rangements with the aforenamitted by the Internal Revenue a foresaid defined contributivedge that the Retirement Systiath a tax advisor of my choice. Instructed in the internal Revenue and it is a supplied to the internal Revenue a | to indice with ed finance on plance on plance on the em, its e | cate the oth the foregoin icial institution applicable amounts for employees are seed by a Figure Addition City | nerwise taxable portions of the defined ing direct rollover/direct transfer. I have on to accept the transferred amount as a cregulations. I hereby waive any and allowarded/ transferred consistent with this and representatives do not give tax advice Retirement Systems employee. Retirement Systems employee. Recipient Date Recipient Date And Hall Hall Tress of Recipient M. Hall Hal |
| ontribution plan at hade appropriate ar irect rollover, pern laims relative to the ocument. I acknown a laim signature of V Address of Wilty In this day of | that a 1099R will be issued mounts transferred in accordar rangements with the aforenamitted by the Internal Revenue as aforesaid defined contributiveledge that the Retirement Systith a tax advisor of my choice. Instures must be notarized if the state of the state | to indice with ed finance on plan em, its e | cate the oth the foregoin icial institution applicable amounts for employees are sessed by a Facility City | nerwise taxable portions of the defined ing direct rollover/direct transfer. I have on to accept the transferred amount as a cregulations. I hereby waive any and allowarded/ transferred consistent with this and representatives do not give tax advice. Retirement Systems employee. Retirement Systems employee. And |
| ontribution plan at hade appropriate ar irect rollover, pern laims relative to the ocument. I acknown a laim signature of V Address of Wilty In this day of | that a 1099R will be issued mounts transferred in accordar rangements with the aforenamitted by the Internal Revenue a foresaid defined contributivedge that the Retirement Systiath a tax advisor of my choice. Instructed in the internal Revenue and it is a supplied to the internal Revenue a | to indice with ed finance on plan em, its e | cate the oth the foregoin icial institution applicable amounts for employees are sessed by a Facility City | nerwise taxable portions of the defined ing direct rollover/direct transfer. I have on to accept the transferred amount as a regulations. I hereby waive any and all warded/ transferred consistent with this and representatives do not give tax advice Retirement Systems employee. Active of Recipient Bate Bate State State And |

MARCONICO DE LOS DELOS DE LOS DE LOS DE LOS DE LOS DE LOS DE LOS DELOS DE LOS DELOS DE LOS DELOS DE LOS DELOS DE

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Annuity Refund Worksheet

Distribution Summary

Total

09-SEPT-10

| SSN | | | | .مر | |
|-------|-------------|-------|--------|-----|--|
| Parti | cipant Name | MANUT | a MORR | 15 | |
| | | | | | |

| Pretax Contributions | Interest | Posttax | Contributions |
|---|---|---|---|
| Prior Year Current Year | Prior Year Current Year | Pre-1982 Prior Year Current Year | |
| Total Pretax | Total Interest | Total Posttax | *************************************** |
| Total Taxable Zamen Rollover amount Withholding | 200.00 | Total Nontaxable — Nontaxable Rollover — TOTAL DISTRIBUTION — | 2,200.00 |
| For | · EDROs and D | eath Beneficiaries | |
| Participant or First Beneficiary | Name_ SSN (if dif | ferent from above) | |
| Total Taxable Rollover amount Withholding | annya amanjana ya yakan galawa ana kata kata ya kata kata kata kata kata | Total Nontaxable Nontaxable Rollover TOTAL | |
| Minor EDRO | | | |
| Alternate Payee or Second Beneficiar | y Name SSN | | |
| Total Taxable Rollover amount Withholding | nain de la companya de companya de companya de la companya de la companya de companya de companya de companya d | Total Nontaxable Nontaxable Rollover TOTAL | |
| Minor EDRO | | | |
| Third Beneficiary | Name SSN | | |
| Total Taxable Rollover amount Withholding | | Total Nontaxable Nontaxable Rollover TOTAL | |
| Minor EDRO | | | |



| WITHDRAWALIDISTRIBUTION I | FROM DEFINED CONTRIBUTION PLAN SAVINGS FUND) DATE OF APPLICATION 9 - 2 - 10 |
|--|--|
| EMPLOYEENAME TILL AND MORK | SOCIAL SECURITY # |
| DATE OF BIRTH 03-30-1955 | SOCIAL SECURITY # TELEPHONE (313) 208-3323 |
| TO: BOARD OF TRUSTEES OF THE RETIREMENT SY | |
| I attained or will attain eligibility for withdrawal of (Choose one) | f my Defined Contribution Plan (Annuity) amounts due to |
| Service Retirement Separation from Service | 20/25 Year Withdrawal Provisions Conversion from Disability |
| Laid-off Death of employee (Date) | EDRO (Eligible Domestic Relations Order) Quarterly Interest Withdrawal (Retired Only) |
| If Death or EDRO, please complete: | |
| RECIPIENT/BENEFICIARY NAME | SOCIAL SECURITY # |
| DATE OF BIRTHTELEP | HONE () |
| Total withdrawal (Initial) (Ini | to me. I acknowledge that twenty (20%) percent of the in accordance with applicable Internal Revenue Code |
| (Initial) which case no withholding will apply to me) | (Initial) of the otherwise taxable portion |
| over/transferred will be subject to the required to above named company have assured me that the of the Internal Revenue Code Plan, including a 40 | valance paid to me. Any taxable portion not rolled venty (20%) percent withholding. Representatives of the direct rollover amount will be deposited in either a 401(a) 01(k) plan, profit sharing plan, defined benefit plan, stock 03(a) annuity plan; a section 403(b) tax-sheltered annuity |

| I request a direct rollover of the non-taxable p | 185 | A portion totaling \$ |
|--|---|---|
| C All of the otherwise non-taxable (Initial) portion | OR (Initial | |
| of my Defined Contribution Plan distribution be | | |
| Agency and Account No.: | | |
| Address: | | |
| City, State & Zip Code: as a direct rollover/direct transfer and the ball company have assured me that the direct roll (Individual Retirement Account) or IRC 403(b) | mver amount | Will be debooked |
| acknowledge receipt of a notice provided to me knowledge that 1099R(s) will be issued regarding lease the Retirement System and its Board of T lative to the aforesaid defined contribution plan at the Lacknowledge that a 1099R will be issued to intribution plan amounts transferred in accordance and appropriate arrangements with the aforenaments | mounts upon the to indicate the ewith the force | ne forwarding of the amounts as directed by otherwise taxable portions of the defined egoing direct rollover/direct transfer. I have intuing to accept the transferred amount as a |
| aims relative to the aforesaid defined contribution ocument. I acknowledge that the Retirement System of the contribution of t | n plan amounts m, its employe | s forwarded/ transferred consistent with this es and representatives do not give tax advice |
| laims relative to the aforesaid defined contribution ocument. I acknowledge that the Retirement System of the contribution of | n plan amounts m, its employe | s forwarded/ transferred consistent with this es and representatives do not give tax advice |
| laims relative to the aforesaid defined contribution ocument. I acknowledge that the Retirement System of the contribution of | n plan amounts m, its employe | forwarded/ transferred consistent with this |
| rect rollover, permitted by the Internal Revenue Caims relative to the aforesaid defined contribution ocument. I acknowledge that the Retirement System of I will consult with a tax advisor of my choice. Signatures must be notarized if no Signature of Witness Date Address of Witness State Zip | n plan amounts m, its employe of witnessed b | s forwarded/ transferred consistent with this es and representatives do not give tax advice y a Retirement Systems employee. Signature of Recipient Address of Recipient Address of Recipient State Zip |
| rect rollover, permitted by the Internal Revenue Claims relative to the aforesaid defined contribution ocument. I acknowledge that the Retirement System of I will consult with a tax advisor of my choice. Signatures must be not arized if process of Witness Address of Witness On this day of the above nare | n plan amounts m, its employe of witnessed b | s forwarded/ transferred consistent with this es and representatives do not give tax advice y a Retirement Systems employee. Signature of Recipient Address of Recipient Address of Recipient State Zip at the answers are true to the best of his/her knowledge |
| rect rollover, permitted by the Internal Revenue Claims relative to the aforesaid defined contribution occument. I acknowledge that the Retirement System and I will consult with a tax advisor of my choice. Signatures must be not arized if not signature of Witness Date Address of Witness On this day of the above named belief. | of witnessed by City | s forwarded/ transferred consistent with this es and representatives do not give tax advice y a Retirement Systems employee. Signature of Recipient Address of Recipient Address of Recipient State Zip |
| laims relative to the aforesaid defined contribution ocument. I acknowledge that the Retirement System of I will consult with a tax advisor of my choice. Signatures must be notarized if pure signature of Witness Address of Witness Address of Witness | of witnessed by City | s forwarded/ transferred consistent with this es and representatives do not give tax advice y a Retirement Systems employee. Signature of Recipient Address of Recipient Address of Recipient State Zip at the answers are true to the best of his/her knowledge |



Annuity Refund Worksheet Distribution Summary

10-JUN-10

| Participant Name TJUANA | MORRIS | | |
|-------------------------|----------|----------|---------------|
| Pretax Contributions | Interest | Posttax | Contributions |
| | | Pre-1982 | |
| | | 80.3 | |

| | Pretax Contributions | Interest | 1 Oblian | Contributions |
|--|--|---|-----------------------|--|
| | | | Pre-1982 | |
| | Prior Year | Prior Year | Prior Year | 4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4- |
| | Current Year | Current Year | Current Year | |
| | Concession of the Concession o | 75 . 1 \$ | Total Doctton | |
| | Total Pretax | Total Interest | Total Posttax | NACO-desirande en estado de contrata de la contrata del contrata de la contrata de la contrata del contrata de la contrata del la contrata del la contrata de la contrata del la contrata de la contrata del la contrata de la contrata de la contrata de la contrata del la contrata |
| | | | | gaga anayeen ayaa ahaa ahaa ahaa ahaa ahaa ahaa aha |
| | Total Taxable 2 | 460.00 | Total Nontaxable | - Antonio (1905) and the state of the state |
| | Rollover amount | 10000 | Nontaxable Rollover _ | 1200.00 |
| | Withholding —— | | TOTAL DISTRIBUTION _ | de State de distribuit de la constitución de la con |
| inga assessa and a security of the security of | anno anno anno anno anno anno anno anno | The and II | eath Beneficiaries | |
| | | | | |
| Parti | cipant or First Beneficiary | Name | ferent from above) | |
| | | DD14 (11 G11. | totom mom wood of | 100 (100 mm) |
| | Total Taxable | | Total Nontaxable | |
| | Rollover amount | Characteristic Control of South Control of South Control of South Control of | Nontaxable Rollover | |
| | Withholding | \$ | TOTAL | ACCOUNTS AND STREET STREET, STREET STREET, STR |
| - | Minor EDRO | | | |
| Alter | nate Payee or Second Beneficiar | | | |
| | • | | | |
| | Total Taxable | «Chilominias)» | Total Nontaxable | |
| | Rollover amount | | Nontaxable Rollover | |
| | Withholding | or Carteria manada may na Taong a Taong a na taona na ta | TOTAL | |
| | Minor EDRO | | | |
| | | | | |
| Third | l Beneficiary | Name | | |
| | • | SSN | | |
| | Total Tarakla | | Total Nontaxable | |
| | Total Taxable | | Nontaxable Rollover | |
| Rollover amount | | | TOTAL | Tremero management de la constitución de la constit |
| | Withholding | CARCINGATION ON VINNING BY ACCURATE STEER SPECIAL STEER | IOTAL | 10-10-10-10-10-10-10-10-10-10-10-10-10-1 |
| | Minor EDRO | | | |



JUN 0 3 2010



POLICE AND FIRE RETIREMENT SYSTEM CITY OF DETROIT

WITHDRAWAL/DISTRIBUTION FROM DEFINED CONTRIBUTION PLAN (ANNUITY SAVINGS FUND)

| DATE OF APPEICATION |
|--|
| EMPLOYEE NAME THANS WORKS SOCIAL SECURITY # |
| DATE OF BIRTH 3-30-55 TE LEPHONE 313) 208-8323 |
| TO: BOARD OF TRUSTEES OF THE RETIREMENT SYSTEM |
| I attained or will attain eligibility for withdrawal of my Defined Contribution Plan (Annuity) amounts due to (Choose one) Service Retirement Separation from Service L aid-off Dea th of employee (Date Dea th of employee (Date The definition of my Defined Contribution Plan (Annuity) amounts due to 20/25 Year Withdrawal Provisions Conversion from Disability EDRO (Eligible Domestic Relations Order) Quarterly Interest Withdrawal (Retired Only) |
| If Death or EDRO, please complete: |
| RECIPIENT/BENEFICIARY NAMESOCIAL SECURITY # |
| DATE OF BIRTHTELEPHONE () |
| Pursuant to these provisions, I hereby request a withdrawal from my Defined Contribution Plan account as follows: Total withdrawal (Initial) (Initial) (Initial) (Initial) (Initial) To be distributed as follows: If requesting more than pre-1982 contributions you must select EITHER 1, 2 or 2 and 3: 1. I request that full payment be made to me. I acknowledge that twenty (20%) percent of the (Initial) taxable portion will be withheld in accordance with applicable Internal Revenue Code requirements and regulations. 2. I request a direct rollover of the otherwise taxable portion as follows: CHOOSE A or B All of the otherwise taxable portion (in the otherwise taxable portion) All of the otherwise taxable portion (in the otherwise taxable portion) All of the otherwise taxable portion (in the otherwise taxable portion) All of the otherwise taxable portion (in the otherwise taxable portion) |
| (Initial) which case no withholding will apply to me) (Initial) of the otherwise taxable portion |
| of my Defined Contribution Plan distribution be forwarded to: Agency and Account No.: Address: City, State & Zip Code: as a direct rollover/direct transfer and the balance paid to me. Any taxable portion not rolled over/transferred will be subject to the required twenty (20%) percent withholding. Representatives of the above named company have assured me that the direct rollover amount will be deposited in either a 401(a) of the Internal Revenue Code Plan, including a 401(k) plan, profit sharing plan, defined benefit plan, stock bonus plan, and money purchase plan; a section 403(a) annuity plan; a section 403(b) tax-sheltered annuity or an eligible section 457(b) plan maintained by a governmental employer (governmental 457 plan). |

| 3. I request a | a direct rollover of the non-taxable | portic | on as follows: | CHOOSE C or D |
|--|--|--|---|---|
| C | All of the otherwise non-taxable | 7 | 10 | A portion totaling \$ |
| | portion | OR | (Initial) | of the otherwise non-taxable portion |
| Agency and . Address: | ed Contribution Plan distribution b | | | |
| company ha | rollover/direct transfer and the b | llover | amount will | Representatives of the above named be deposited in either an IRC 403(a) ent Annuity). |
| acknowledge that release the Retire relative to the aforme. I acknowled contribution plan made appropriate direct rollover, po- claims relative to document. I ackn | 1099R(s) will be issued regarding ement System and its Board of presaid defined contribution plan alge that a 1099R will be issued amounts transferred in accordant arrangements with the aforenamentited by the Internal Revenue of the aforesaid defined contribution | g the ware to income to income with the contract of the contra | withdrawal from ses and the Cit ats upon the for dicate the othe th the foregoing ancial institution and applicable of an amounts forv | the defined contribution plan. I hereby y-employer from any and all liability warding of the amounts as directed by rwise taxable portions of the defined g direct rollover/direct transfer. I have n to accept the transferred amount as a regulations. I hereby waive any and all warded/ transferred consistent with this I representatives do not give tax advice |
| Signature Address di | Gignatures.must be notarized if notarized in notarized if notarized in notarized if notarized in notarized if notarized in notarized if notarized in | ot wit | Signat Signat | etirement Systems employee. Systems employee. Systems employee. Date |
| City | State Zip | | City | State Zip |
| On this day ofand belief. | the above nar | med ma | ade oath that the ar | iswers are true to the best of his/her knowledge |
| | | | M | y Commission expires: |
| (0.00.1.1.) | Notary I | Public | | |
| (SEAL) | County | State | | |

DO NOT WRITE IN THIS SPACE

Annuity Refund Worksheet Distribution Summary

....

21-JAN-10

Partial

Total

SSN Participant Name TIQUANA MORRIS

Pretax Contributions Interest Posttax Contributions
Prior Year Prior Year Prior Year Current Year Current Year Current Year Total Pretax Total Interest Total Posttax

| | Total Pretax | Total Interest | Total Posttax | |
|------------------|--|---------------------------------------|---|---|
| | Total Taxable 5 Rollover amount Withholding | 1,000.00 | Total Nontaxable Nontaxable Rollover TOTAL DISTRIBUTION | |
| TANKS TO SERVICE | T. | or EDROs and | Death Beneficiaries | |
| Parti | cipant or First Beneficiary | Name_ SSN (if di | fferent from above) | |
| | Total Taxable Rollover amount Withholding | | Total Nontaxable Nontaxable Rollover TOTAL | |
| | Minor EDRO | | | |
| Altei | rnate Payee or Second Benefic | iary NameSSN | | |
| | Total Taxable Rollover amount Withholding Minor EDRO | · · · · · · · · · · · · · · · · · · · | Total Nontaxable Nontaxable Rollover TOTAL | |
| | | | | ndontad/damissipatraloreciaditari (distifisi i distri |
| Thir | i Beneficiary | | | |
| | Total Taxable Rollover amount Withholding | | Total Nontaxable Nontaxable Rollover TOTAL | |
| | Minor EDRO | | | |





RECO JAN 1 1 2010 CITY OF DETROIT

WITHDRAWAL/DISTRIBUTION FROM DEFINED CONTRIBUTION PLAN (ANNUITY SAVINGS FUND)

| | | Wo A (2020 A) 120 | APPLICATION _ | 1.11-2010 |
|--|--|---|--|--|
| 1000 | MoRRS | | | |
| | 10 KIRD | | SECURITY # | |
| DATE OF BIRTH 083-30 33 | | TELEPI | HONE 612 | 1208-8323 |
| TO: BOARD OF TRUSTEES OF THE RETI | REMENT SYSTEM | ! | | |
| I attained or will attain eligibility for w (Choose one) | ithdrawal of my l | | | |
| Service Retirement Separation from Service | describer and other and characters | 20/25 Year With Conversion from | | ISIONS |
| Laid-off | *************************************** | EDRO (Eligible | | elations Order) |
| Death of employee (Date | | , , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | ıl (Retired Only) |
| If Death or EDRO, please complete: | | ************************************** | | machine and an elementary of the development of the second and an elementary of the second and t |
| RECIPIENT/BENEFICIARY NAME | | soc | TAL SECURIT | W# minimum and an an information and an |
| DATE OF BIRTH | TELEPHONE | :() | e pote annua finas municipana estima minimano coma potramenta cina hi ancientra emine. | كانته فلام مستخدم ومشاعد والمتعادم المتعاد والمتعادم المتعادم والمتعادم والم |
| Pursuant to these provisions, I hereby follows: | Initial Property of the Proper | elect EITHER I. cordance with | of \$ 5 20 12 and 3 ge that twent applicable In | 5,000.00 |
| (Initial) which case no withholding v | ' ' 1 | (Initial) | **** | rwise taxable portion |
| to me) | | (LOCALE) | *************************************** | |
| of my Defined Contribution Plan dis | | | | |
| Address: City State & Zin Code: | | | | |
| City, State & Zip Code:as a direct rollover/direct transfer | r and the balan- | ce paid to me. | . Any taxab | ole portion not rolled |
| over/transferred will be subject to th | e required twenty | (20%) percent | withholding. | Representatives of the |
| above named company have assured | | | | |
| of the Internal Revenue Code Plan, i bonus plan, and money purchase plan | | | | |
| or an eligible section 457(b) plan mai | | | | |

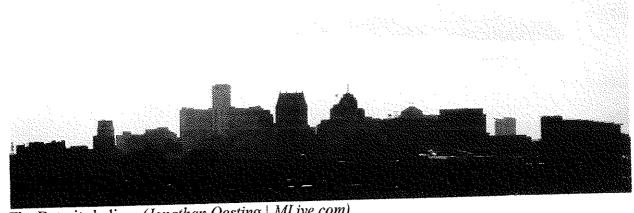
| OR | 3. I request a | direct rollover of the non-taxable | portio | n as follows: | CHOOSE C or D |
|---|---|---|---|--|---|
| Address: City, State & Zip Code: as a direct rollover/direct transfer and the balance paid to me. Representatives of the above named company have assured me that the direct rollover amount will be deposited in either an IRC 403(a) (Individual Retirement Account) or IRC 403(b) (Individual Retirement Annuity). I acknowledge receipt of a notice provided to me pursuant to Section 402 of the Internal Revenue Code. I acknowledge that 1099R(s) will be issued regarding the withdrawal from the defined contribution plan. I hereby release the Retirement System and its Board of Trustees and the City-employer from any and all liability relative to the aforesaid defined contribution plan amounts upon the forwarding of the amounts as directed by me. I acknowledge that a 1099R will be issued to indicate the otherwise taxable portions of the defined contribution plan amounts transferred in accordance with the foregoing direct rollover/direct transfer. I have made appropriate arrangements with the aforenamed financial institution to accept the transferred amount as a direct rollover, permitted by the Internal Revenue Code and applicable regulations. I hereby waive any and all claims relative to the aforesaid defined contribution plan amounts forwarded/ transferred consistent with this document. I acknowledge that the Retirement System, its employees and representatives do not give tax advice and I will consult with a tax advisor of my choice. Signatures must be notarized if not witnessed by a Retirement Systems employee. Signatures must be notarized if not witnessed by a Retirement Systems employee. Signatures of Recipient Address of Recipient Date Signature of Weinjent Date Signature of Recipient My Commission expires: Notary Public | C | All of the otherwise non-taxable | | D - (Initial) | 'A portion totaling \$ of the otherwise non-taxable portion |
| as a direct rollover/direct transfer and the balance paid to me. Representatives of the above harder company have assured me that the direct rollover amount will be deposited in either an IRC 403(a) (Individual Retirement Annuity). I acknowledge receipt of a notice provided to me pursuant to Section 402 of the Internal Revenue Code. I acknowledge that 1099R(s) will be issued regarding the withdrawal from the defined contribution plan. I hereby release the Retirement System and its Board of Trustees and the City-employer from any and all liability relative to the aforesaid defined contribution plan amounts upon the forwarding of the amounts as directed by me. I acknowledge that a 1099R will be issued to indicate the otherwise taxable portions of the defined contribution plan amounts transferred in accordance with the foregoing direct rollover/direct transfer. I have made appropriate arrangements with the aforenamed financial institution to accept the transferred amount as a direct rollover, permitted by the Internal Revenue Code and applicable regulations. I hereby waive any and all claims relative to the aforesaid defined contribution plan amounts forwarded/ transferred consistent with this document. I acknowledge that the Retirement System, its employees and representatives do not give tax advice and I will consult with a tax advisor of my choice. Signature of Witness Date Signature of Recipient Address of Recipient Date Address of Recipient Date Address of Recipient Date My Commission expires: My Commission expires: My Commission expires: | Agency and A | Account No.: | ~~~~ | | |
| acknowledge that 1099R(s) will be issued regarding the windrawal front the chiracter and the City-employer from any and all liability relative to the aforesaid defined contribution plan amounts upon the forwarding of the amounts as directed by me. I acknowledge that a 1099R will be issued to indicate the otherwise taxable portions of the defined contribution plan amounts transferred in accordance with the foregoing direct rollover/direct transfer. I have made appropriate arrangements with the aforenamed financial institution to accept the transferred amount as a direct rollover, permitted by the Internal Revenue Code and applicable regulations. I hereby waive any and all claims relative to the aforesaid defined contribution plan amounts forwarded/ transferred consistent with this document. I acknowledge that the Retirement System, its employees and representatives do not give tax advice and I will consult with a tax advisor of my choice. Signature of Witness Date Signature of Recipient Address of Recipient Date Signature of Recipient City State Zip City State Zip My Commission expires: Notary Public Notary Public | - ammonte has | is accured me that the direct ro | allover | r amount Will | be deposited in cities an inco 405(a) |
| Signature of Witness Date Signature of Recipient Address of Recipient Address of Recipient State Zip On this day of | acknowledge that release the Retire relative to the aforme. I acknowled contribution plan made appropriate direct rollover, por claims relative to document. I acknowled and I will consult | 1099R(s) will be issued regarding the ement System and its Board of presaid defined contribution plange that a 1099R will be issued amounts transferred in accordance arrangements with the aforenamentated by the Internal Revenue of the aforesaid defined contribution owledge that the Retirement Systemith a tax advisor of my choice. | g the v Truste amous I to in nee wi ned fin Code on pla tem, it | ees and the Cints upon the fordicate the oth the foregoin ancial institution and applicable an amounts for semployees ar | ty-employer from any and all liability rwarding of the amounts as directed by erwise taxable portions of the defined and direct rollover/direct transfer. I have not to accept the transferred amount as a regulations. I hereby waive any and all warded/ transferred consistent with this ad representatives do not give tax advice |
| On this day of the above named made oath that the answers are true to the best of his/her knowledge and belief. My Commission expires: | Signature | Additional designatures must be notarized if [] [] [] [] [] [] [] [] [] [| not wi | Jiggs Jiggs Jiggs | ress of Recipient Mi 4828 |
| My Commission expires: Notary Public (SEAL) | On this day of | • | amed m | City | • |
| (SEAL) | and belief. | | | | My Commission expires: |
| | (SEAL) | Notary | | | |

DO NOT WRITE IN THIS SPACE

EXHIBIT

10) <u>Jonathan Oosting | joosting@mlive.com</u> <u>Follow on Twitter</u>

How Michigan's revenue sharing 'raid' cost communities billions for local services



The Detroit skyline. (Jonathan Oosting | MLive.com)

Print

By Jonathan Oosting | joosting@mlive.com

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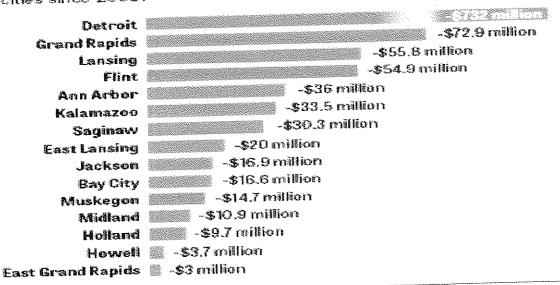
on March 30, 2014 at 7:04 AM, updated April 13, 2014 at 1:13 AM

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REVENUE SHARING DIVERSION

Revenue sharing dollars diverted by the state from select Michigan cities since 2003.



Sources: Michigan Municipa: League; Michigan Department of Treasury

(Edward Stojas, MLIVE.com)

LANSING, MI -- Michigan is home to a number of struggling cities, making it easy to point the finger at local officials, declining property tax revenues or other economic factors that have effected the nation as a whole.

But many local leaders will also point to Lansing.

Over the past decade, lawmakers and governors from both political parties have used some \$6.2 billion in sales tax collections to fill state budget holes rather than fulfill a statutory revenue sharing promise to local communities, according to the Michigan Municipal League, which released a city-by-city analysis earlier this month.

The figures, which are based on data from the Michigan Department of Treasury and adjusted for inflation, are staggering. In many instances, the losses have resulted in steep cuts to government staffing and public services that residents rely on.

Detroit, which filed for bankruptcy protection last year, missed out on \$732 million between 2003 and 2013, per the report. Flint, under control of an emergency manager, could have had an extra \$54.9 million to work with. Cities like Pontiac and Lansing have lost more than \$40 million each.

The Municipal League says the annual budget "raid" has diverted money that should have been used to maintain city services. It argues that the Legislature has helped caused some of the very financial emergencies that have prompted state takeovers or other forms of intervention.